

Application for Waiver of School Fees

Dear Parent or Guardian _____, has
(Student's Name)

Requested a waiver of all school fees due to qualifying under the conditions of standard-

(A,B,C,D,E or F)

(Date) (Parent or Guardian Signature)

(Complete Address) (Telephone Number)

FOR OFFICE USE:

Date _____ Approved _____ **Denied _____

Reason For Denial: _____

** If your request for waiver of school fees has been denied you may appeal this decision to the Superintendent of Schools, 106 S. Eads Ave., Paris, IL 61944, telephone number 217-465-8448, within 10 days of this notice.

If your financial circumstances change during the school year, you may reapply for a waiver at anytime.